FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

ENT# V32823 Pro-Kil Pest Control Inc.

FILED Apr 24 1998 8:00am Secretary of State

954 7419494

Principal Plac	ce of Business	Mailing Address			7	
7154 M. University Drive 238 Tamarac Fe 33321					·	
1154 M. University with as					DO NOT WORTS IN THIS OPEN.	
Tamarar Fr. 33321				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			65-0329320	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	untry	8. This corporation owes or has paid the cur	rent year Intangible
24	25]	29	30			Yes ANO
	9. Name and Address of Current				10. Name and Address of New Registered	Agent
PM	would Grantella			81 Name		
Edward Gambella 3050 NE 43 St Fort Landerchale Re 33308 81 Name 82 Street Address 83					dress (P.O. Box Number is Not Acceptable)	
3050 NE 47 J						
Fort Landercase KL 22208 00						
	•			84 City		85 Zip Code
44 : Durayant	to the granisians of Cookers CO7 (V/O)	and COV 1600. Florida Orabul	100 th		FL.	<u> </u>
office or r	enistered a gent, or both, in the State of	Horida, Such change was a	authorize	d hy the corners	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	changing its registered bintment as registered
agent. La	m familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Sta	tutes.		,
SIGNATURE	P					
12.	Signature, typed or present rathe of regestered agent OFFICERS AND		13.	d Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 10
TITLE	Hes.	DELETE	1.1]	TLE T	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	L-Con Diconsorte		1.2 N			- change - Notifier
STREET ADDRESS	Jeffrey Piccarreta 5012 HW89 Way			TREET ADDRESS		
CITY-ST-ZIP	Smal Bassas A	33065				
TITLE	Coral Spring fr 33067		2 1 11	TLF		Change Addition
NAME	Teresu Piccarrete		2 ? N			change racingn
STREET ADDRESS	5012 NW 89 Wey		•	REET ADDRESS		1
CITY-ST-ZIP	Coras Spring fr	33065		HTY-ST-ZIP		
TITLE	Jan Sping :	DELETE	3.1 1			Change Addition
NAME			3.2 N			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			E	ITY-ST-ZIP		
TITLE	DELETÉ			TLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS				REE1 ADDRESS		
CITY-ST-ZIP				TY - ST - ZIP	Λ	
THILE		☐ DELETE	5.1 10			Change Addition
NAME			5 2 NA	ME	//	
STREET ADDRESS	•			REEL ADDRESS	44	1//51/
CITY-ST-ZIP				1Y - SI - Z IP	[/]	4/0 4
TITLE		DOLETE	61111		5000024932	Zidhange □ Addition
NAME			62 N/	Mí	-04/24/98010320	116
STREET ADDRESS			6.3 51	REEL ADDRESS	***150.00	
CITY-ST-ZiP			1	IY-SI-ZIP		}
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	or the exc	motion stated in	Section 119.07(3)(i), Florida Statutes. I further cer	tify that the information
officer or o	on this annual report or supplemental a director of the corporation or the access	mula-report is true and acc	curate and executo ti	t that my signatu nis report as rec	ure shall have the same legal effect as if made ung juired by Chapter 607, Florida Statutes; and that m	ler oath; that I am an
Block 12 d	or Block 13 dichanged or on unattache	went with an address			in the man and the	y mario appoara in

NG OFFICER OR DIRECTOR